

CALIFORNIA LIQUID WASTE HAULER RECORD

No 2509

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000455

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WE-SLOCK DIVITRE ☐ ☐ ☐ ☐ Code No.Pick up Address: 13344 S MAIN (Number) (Street) (City)Telephone Number: (213) 7100950 P.O. or Contract No.: _____Order Placed By: _____ Date: 8-15-78Type of Process which Produced Wastes: ☐ ☐ ☐ ☐ Code No.

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

| | Upper | Concentration: Lower | % | ppm |
|----------------|-------|-------------------------|--------------------------|--------------------------|
| 1. <u>None</u> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 50 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify) TANK

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY ☐ ☐ ☐ ☐ Code No.Business Address: 8655 So. Main Street, Los Angeles, 90003 (Street) (City)Telephone Number: (213) 759-6145 (Number) (Street) (City) Pick Up: 8-15-78 Time: _____State Liquid Waste Hauler's Registration No. (if applicable): 118Job No.: 01104 No. of Loads or Trips: _____ Unit No.: 118Vehicle: ☒ vacuum truck 50 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING DIVITRE ☐ ☐ ☐ ☐ Code No.Site Address: 259 GARFIELD MONTEREY PARK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ (Examples: incineration, neutralization, precipitation) Code No.
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere, specify final location: _____

Disposal Date: 8-21-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

A029040